



**Willow Tree Psychology and Wellbeing**  
**Willow Tree Group PTY LTD – ACN: 650 566 564**  
Practice Address: 416 Magill Road  
Kensington Gardens, South Australia, 5068  
P: 8233 0828 F: 8180 1725  
E: [info@willowtreepsychology.com.au](mailto:info@willowtreepsychology.com.au)  
W: [www.willowtreepsychology.com.au](http://www.willowtreepsychology.com.au)

## Client Information Form – Child/Youth (4-15YO)

Title: (please circle)    Dr    Mr    Mrs    Ms    Master    Miss    Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: Male/Female/Intersex/Other: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Do you identify as Aboriginal: Yes / No and/or Torres Strait Islander: Yes / No

Vaccinated:            Flu - Yes / No            Covid 19 - Yes / No            Prefer not to answer

Home Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Email: \_\_\_\_\_

Text: Yes / No                      Email: Yes / No                      Can we leave a voicemail? Yes / No

Would you like to receive our monthly newsletter? Yes / No

How did you hear about our practice? \_\_\_\_\_

Medicare Card Number: \_\_\_\_\_ Number on Card: \_\_\_\_\_ Expiry: \_\_\_\_\_

DVA Number: \_\_\_\_\_ DVA Clinical Text: \_\_\_\_\_

Private Health Insurance: Yes / No Private Health Provider Name: \_\_\_\_\_

Private Health Insurance Card Number: \_\_\_\_\_ Number on Card: \_\_\_\_\_

Are you on a NDIS plan? Yes / No NDIS Number: \_\_\_\_\_

NDIS Self-Managed: Yes / No            Plan Managed: Yes / No            NDIA Managed Yes / No

(Please note, we are unable to accept payments through NDIA Managed - Portal plans)

### Parent/Guardian

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Text: Yes / No                      Email: Yes / No                      Can we leave a voicemail? Yes / No

Vaccinated:            Flu - Yes / No            Covid 19 - Yes / No            Prefer not to answer

Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Medicare Card Number: \_\_\_\_\_ Number on Card: \_\_\_\_\_ Expiry: \_\_\_\_\_

### Parent/Guardian

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Text: Yes / No                      Email: Yes / No                      Can we leave a voicemail? Yes / No  
Vaccinated:                      Flu - Yes / No                      Covid 19 - Yes / No                      Prefer not to answer  
Address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Medicare Card Number: \_\_\_\_\_ Number on Card: \_\_\_\_\_ Expiry: \_\_\_\_\_

**Emergency Contact**

Full Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_  
Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Work No: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Text: Yes / No                      Email: Yes / No                      Can we leave a voicemail? Yes / No

**Other Practitioners**

GP Name: \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Specialist Name: \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any court orders in place: Yes / No - (Please note: Each young person's parent/guardian can access/share information with the treating psychologist / mental health social worker, unless a court order is in place that specifically states that information is not to be shared with a particular person).

If yes, please specify: \_\_\_\_\_

I can confirm that all information above is accurate and correct.

_____ Signature (Parent / Guardian)	_____ Name (Please Print)	_____ Date
_____ Signature (Parent / Guardian)	_____ Name (Please Print)	_____ Date
_____ Signature (Child/Adolescent - 12yo & over)	_____ Name (Please Print)	_____ Date



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**Practice Address:** 416 Magill Road  
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Magill North, South Australia, 5072  
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**E:** [info@willowtreepsychology.com.au](mailto:info@willowtreepsychology.com.au)  
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## Client Consent Form – Child / Adolescent

### Services

Here at Willow Tree Psychology and Wellbeing, we provide psychological, counselling and mental health interventions to children, adolescents, adults, older persons, and families. We provide an evidence-based therapeutic approach designed in collaboration with each person. As part of our psychological, counselling and mental health interventions, your clinician will be required to collect and record personal information from you that is relevant to your current situation/difficulties. Information can be collected in a number of ways, that may include face-to-face discussions, through the administration of formal tests, and through observations. If required, discussions with other health professionals and specialists can also be collected upon consent of the client or parent/guardian. We collect information in order to provide the best possible therapeutic approach for each individual.

### Privacy and Confidentiality

All information, formal tests, and documentation collected by our clinicians at Willow Tree Psychology and Wellbeing is confidential and is only seen by the treating clinician, and when necessary by the principal Clinical Psychologist.

Our clinicians are required to retain documentation from each session to enable them to have an accurate account of each session and to provide relevant psychological or therapeutic services. All documentation is stored securely and only accessed by the treating clinician at Willow Tree Psychology and Wellbeing.

Our administration team, are also bound by confidentiality. Our administration team will assist with bookings, phone calls, and inquiries received by email, fax or text. Files can be obtained by our administration team; in preparation for client sessions, however, they will have limited access to the documentation in the file. Our administration team will have access to and process the client information form and process payments. Our administration team will therefore have access to all the information on the client information form, which is used to make contact and communicate with clients. Our administration team also receives GP faxes which are immediately placed in a client file,

and fax GP letters securely. Our administration team do not have access to any client session notes, formal tests or other documentation collected.

Psychologists and Mental Health Social Workers are required to complete peer supervision and professional development as part of the requirements from the Psychology Board of Australia / Australian Association of Social Workers. During peer supervision, information regarding a client may be shared to another clinician in order to obtain any guidance necessary to assist with the therapeutic approach or difficulty. The client's name is de-identified and only relevant information is discussed.

Apart from the special circumstances listed below no information will be released to others without your written consent;

1. It is subpoenaed by a court, or
2. Failure to disclose the information would place you or another person at serious risk to life, health or safety; or
3. Your prior approval has been obtained to
  - a. provide a written report to another professional or agency. E.g. a GP or a lawyer; or
  - b. discuss the material with another person, e.g. a parent or educator; or
  - c. if disclosure is otherwise required or authorised by law.

Please note, GP's require a review letter after 6 appointments, that documents summary of sessions. This is required in order for the GP to complete a mental health care plan review in order to access an additional 4 psychology sessions. For those on the NDIS, it is a requirement to provide a progress report at each review stage.

### **Admin Hours**

Please note our admin hours are **Monday – Friday ~ 9.15am – 5.00pm**. Any phone calls or emails received outside of these times may go to voicemail. If so, please leave a message and our admin team will return your call / email / text as soon as possible.

### **Fees**

Please visit <https://www.willowtreepsychology.com.au/Referrals-Fees/> for information regarding referral pathways. Please contact Willow Tree Psychology and Wellbeing on (08) 8233 0828 or [info@willowtreepsychology.com.au](mailto:info@willowtreepsychology.com.au) for fee information.

### **Cancellation Policy**

Please advise Willow Tree Psychology and Wellbeing of any changes to appointments or cancellations with 2 business days notice by phone or email or Cancellation fees may apply.

### **Emergency Contacts**

Please note we are not an emergency service, our phones and emails are not constantly monitored. In an emergency situation please contact 000 for police/ambulance. Please find some other helpful emergency contacts below

Police or Ambulance - 000

In a mental health emergency call Mental Health Triage - 13 14 65

Lifeline - 13 11 14 or [www.lifeline.org.au](http://www.lifeline.org.au)

Kids Helpline (5-25 years) - 1800 55 1800 or [www.kidshelpline.com.au](http://www.kidshelpline.com.au)

Suicide call back service - 1300 659 467 or [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

### **Parking**

Parking is located at rear of the building, please visit our resources page on our website <http://willowtreepsychology.com.au/Resources/> for a detailed map of parking. We have 3 allocated car spaces as highlighted in yellow. The remainder of the car spaces can be used after 3pm and all-day Saturday. Please note, the Salvation Army store located next to our practice have stated that our clients cannot use their car spaces as they have reported they are a private property. Additional car parking can be found on the nearby side street – Orient Road.

### **Waiting Area**

Upon arrival please report to our reception desk, at times our reception desk will be unattended. If unattended, please take a seat, and our Psychologists / Mental Health Social Workers will collect you at the commencement of your appointment.

### **Complaints/Feedback**

Please direct any feedback or complaints to either treating clinician, Principal Psychologist (Rocco Luppino) or Practice Manager by phone, email or in person.

### **Provision of Client Consent**

I have read all of the above information carefully and understand all information that is stated above and what is required of me/us

*I understand that*

Psychologists / Mental Health Social Workers of Willow Tree Psychology and Wellbeing provide psychological, counselling and therapeutic services to clients

All information collected will remain confidential, except for the circumstances as outlined above where confidentiality may be broken

Willow Tree Psychology and Wellbeing is not an emergency service, and our phones/emails are not continually monitored, but understand that I can seek assistance from other emergency contacts as listed above

\_\_\_\_\_  
Signature (Parent / Guardian)

\_\_\_\_\_  
Signature (Child / Adolescent 12yo+)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date